



WHAT I HAVE Looking for instructions? Download at www.fosterclub.org					
My current mode(s) of transportation					
my vehicle friend/family provides public transportation bicycle walk other:					
Transportation needed for (school, en	nployment, recr	eation, etc.):			
Driver's license status: have licen	nse 🗌 have pe	rmit 🗌 do n	ot have	Date obtained:	
Auto insurance (company name):				Policy number:	
RESOURCES AVAILABL	Е ТО МЕ	Find 'em at w	ww.fosteringco	onnections.org	
Assistance type Eligibility (what I need to qualify)				Who I contact (and how to apply)	
, isolotanie type	Lingitume, (11)			Will I contact (and in	он со арр.уу
THIS IS MY PLAN Get id	eas about how to	make a plan at	www.fostercl	ub.org	
Short term (1 year) goals Steps & services (and who will help me)					Progress
enore term (1 year) goals		эсерэ	CS (dild Wile	wiii neip mey	11091033
Plan after I leave foster care:					
ridirated Fieuve roster cure.					
Long term goals (five years from now, my transportation goal is):					
READINESS SCALE Ne	eds work $\Box 1$	\square 2 \square 3 \square	7 4	l6 □7 □8 □9 □	10 Prepared

Visit www.fosteringconnections.org for more federal and state information regarding the Fostering Connections to Success and Increased Adoptions Act

